

10/501935

DT09 Rec'd PCT/PTO 21 JUL 2004

APPLICATION DATA SHEET

Application Information

Application Number:: National Stage of PCT/SE02/00207
Filing Date:: July 21, 2004
Application Type:: Regular
Subject Matter:: National Stage Application
Suggested Classification:: None
Suggested Group Art Unit:: None
CD-ROM or CD-R?:: No
Number of CD Disks:: 0
Number of Copies of CDs:: None
Sequence Submission?:: No
Computer Readable Form (CFR)?:: No
Number of Copies of CFR:: None
Title:: TEST METHOD
Attorney Docket Number:: 35947-205789
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: NONE
Total Drawing Sheets:: TEN
Small Entity?:: YES
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type:: None
Licensed US Govt. Agency::
Contract or Grant Numbers:: None
Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Daniel
Middle Name::
Family Name:: FILIPPINI
Name Suffix::
City of Residence:: LINKÖPING
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Ulvåsavägen 4B
City of Mailing Address:: LINKÖPING
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-582 47

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Ingemar
Middle Name::
Family Name:: LUNDSTRÖM
Name Suffix::
City of Residence:: LINKÖPING
State or Province of Residence::

Country of Residence:: Sweden
Street of Mailing Address:: Färgaregatan 10
City of Mailing Address:: LINKÖPING
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-582 52

Correspondence Information

Correspondence Customer Number:: 26694
Phone Number:: (202) 344-4000
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E-Mail Address:: www.venable.com

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**